determining MIDs for the SF-36 domain and summary scores was investigated for the first time in patients with active CD. This enables a more meaningful interpretation of SF-36 scores in CD patients.

**PGI2**

**PROTON PUMP INHIBITORS FOR THE INITIAL TREATMENT OF GASTROESOPHAGEAL REFLUX DISEASE (GORD) SYMPTOMS IN PATIENTS WITH REFLUX OESOPHAGITIS: A SYSTEMATIC REVIEW OF RANDOMISED CONTROLLED TRIALS**

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**OBJECTIVES:** To compare the efficacy of esomeprazole with that of the European licensed standard doses of PPIs for the relief of GORD-associated symptoms in patients with reflux oesophagitis (i.e. esomeprazole 40 mg once-daily compared with lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, or rabeprazole 20 mg once-daily). **METHODS:** A systematic review of CENTRAL, BIOSIS, EMBASE and MEDLINE for randomised controlled trials (RCTs) in patients with erosive oesophagitis was conducted in January 2007. Data on relief of GORD symptoms at 4 weeks were extracted and re-analysed if not analysed by intention-to-treat. The summary effect estimate (relative risk [RR]) was calculated by meta-analysis using a fixed-effects model. Publication bias was assessed using funnel plots. **RESULTS:** Of 347 papers identified in the literature search, 11 were found to be head-to-head comparisons of a standard dose of PPI and esomeprazole 40 mg. Five RCTs were excluded as they did not contain any extractable data on the required outcomes at 4 weeks. The remaining 6 RCTs were all randomised, double-blind, double-dummy, had appropriate patient follow-up, and were of sufficient quality to be included. A meta-analysis of complete resolution of heartburn showed that significantly more patients were heartburn-free with esomeprazole versus other standard-dose PPIs (RR 1.08; 95% CI: 1.06 to 1.11; p < 0.00001). Heartburn resolution was consistent across all degrees of initial severity (mild, moderate, severe). There were no significant differences in treatment effect for dysphagia and epigastric pain, but significantly fewer patients had acid regurgitation with esomeprazole versus other standard-dose PPIs (RR 1.03; 95% CI: 1.01 to 1.05; p = 0.002). Publication bias did not appear to affect the results significantly. **CONCLUSION:** Esomeprazole significantly improves symptoms of heartburn and acid regurgitation when compared with other standard-dose PPIs in patients with reflux oesophagitis.

**GI DISORDERS—Cost Studies**

**PGI3**

**BUDGET IMPACT OF A UNIVERSAL ROTAVIRUS VACCINATION PROGRAMME WITH ROTATEQ® IN FRANCE**

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**OBJECTIVES:** The objective of the study was to assess the budget impact of a universal rotavirus vaccination programme with RotaTeq® in France from the French social security (SS) and societal perspectives. **METHODS:** A decision analytic model was developed following a birth cohort up to age 5. Epidemiological parameters were taken from the French REVEAL study (a prospective epidemiological study conducted in 2004–2005) and from the literature. Costs were assessed by combining healthcare resource utilization collected in the REVEAL study and unit costs from official sources. Intention-to-treat effectiveness of the vaccine was taken from a large worldwide clinical trial (REST study, 70,000 children). The model estimates RVGE, vaccination costs and net costs of a rotavirus vaccination programme with RotaTeq® (90% coverage rate and current vaccine price) from the French SS and societal perspectives. **RESULTS:** From the French SS perspective, the introduction of RotaTeq® would reduce the RVGE costs by 74% for a birth cohort followed up to age 5, from €62.9 million to €16.2 million. The vaccination costs would be €71.5 million. As 92% of RVGE costs occur during the first 24 months of life, 60% of the vaccination costs would be recovered through prevented health care costs 2 years after the implementation of the rotavirus vaccination programme. From the societal perspective, the introduction of RotaTeq® would reduce the RVGE costs by 75%, from €117.2 million to €29.6 million. The vaccination costs would be €110.1 million. As 89% of RVGE costs occur during the first 24 months of life, 70% of the vaccination costs would be recovered 2 years after the implementation of the rotavirus vaccination programme. **CONCLUSION:** In France, 60% and 70% of the rotavirus vaccination programme costs with RotaTeq® would be recovered 2 years after its implementation by the French SS and society respectively.

**PGI4**

**ECONOMIC EVALUATION COMPARING LANSOPRAZOLE AND ESOMEPRAZOLE IN THE ACUTE MANAGEMENT OF UNINVESTIGATED DYSPESIA**

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**OBJECTIVES:** This study evaluated cost, percentage of successfully treated patients and cost per successfully treated patient comparing two branded Proton Pump Inhibitors (PPIs) often prescribed in the UK, lansoprazole (oro-dispersible tablets) and esomeprazole (tablets), for the acute management of uninvestigated dyspepsia. **METHODS:** A decision analytic model was used to simulate expected costs and outcomes in patients with uninvestigated dyspepsia indicated for treatment with a PPI. The primary outcome measure was the percentage of patients cured within eight weeks, derived from studies directly comparing the efficacy of the two agents in this patient population. The analysis considered use of PPI drugs, general practitioner visits, subsequent specialist consultations and endoscopy. Costs were estimated from the perspective of the UK National Health Service. Stochastic methods were used to determine confidence intervals. **RESULTS:** The expected proportion of patients healed after 8 weeks was 88.9% (95% CI 87.7%–90.1%) with lansoprazole and 92.4% (91.4–93.3%) with esomeprazole. The expected cost of treatment per patient with lansoprazole was £94.05 (£85.17–£104.58) compared with £118.94 (£110.28–£128.83) with esomeprazole. The incremental cost-effectiveness of esomeprazole compared to lansoprazole was £711.77 (£465.41–£1344.52) per additional patient achieving healing at eight weeks. Sensitivity analysis exploring cost-effectiveness over 12 weeks found a cost-effectiveness of £2213 (£1487–£4087) per additional patient achieving healing. Esomeprazole was significantly more expensive than lansoprazole (26% more at 8 weeks; 37% more at 12 weeks; p < 0.05 in both comparisons) and delivered a small but diminishing therapeutic advantage (3.9% at 8 weeks; 1.9% at 12 weeks). **CONCLUSION:** For patients presenting with uncomplicated reflux symptoms, treatment with esomeprazole was significantly more expensive than lansoprazole and its therapeutic advantage was small.